

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Frank FRANTZEN Confirmation No: Unknown  
Appl. No. : 09/869,060  
Filed : June 25, 2001  
Title : ASSAY FOR HOMOCYSTEINE  
  
TC/A.U. : 1641  
Examiner : D. A. Davis  
  
Docket No.: : FRAN3006/REF  
Customer No: : 23364

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Official Action of March 25, 2003, in connection with the above identified application. This application has been abandoned for failure to response to this Official Action.

This amendment is submitted with a Renewed Petition to revise the abandoned application. The period for filing the Renewed Petition has been extended to expire on December 24, 2005, by the filing herewith of a Petition for a Two Month Extension of Time and payment of the required fee.

Please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

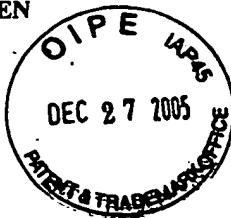
12/28/2005 HALI11 00000187 09869060

01 FC:2202  
02 FC:2201

25.00 OP  
100.00 OP

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **FRANK FRANTZEN**  
 SERIAL NO.: 09/869,060  
 FILED: June 25, 2001  
 FOR: ASSAY FOR HOMOCYSTEINE



GROUP ART UNIT: 1641  
 EXAMINER: D. A. Davis  
 ATTY. REFERENCE: FRAN3006/REF

**COMMISSIONER OF PATENTS**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☒ Small entity status under 37 CFR 1.9 and 1.27 is claimed.  
☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	21	- 20 <sup>1</sup>	= 1 <sup>3</sup>	× \$ 25 = \$25.00	× \$ 50 =
Independent Claims	4	- 3 <sup>2</sup>	= 1 <sup>3</sup>	× \$100 = \$100.00	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180 =	+ \$360 =
<b>TOTAL</b>				<b>\$125.00</b>	

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ . A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$125.00 Additional claims; \$225.00 Extension fee; Total: \$350.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: **Renewed Petition w/attachments**  
**Petition for Two Month Extension of Time and required fee of \$225.00**  
**Amendment in reply to OA dated March 25, 2003**

**23364**

Customer Number  
 Phone: (703) 683-0500

DATE: December 27, 2005

*Respectfully submitted,*

*Richard E. Fichter*

Richard E. Fichter  
 Attorney for Applicant  
 Registration Number: 26,382